## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS"

| or maintenance fee notifications.   |                           |                         |   |  |  |  |
|---|---------------------------|-------------------------|---|--|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  CONNOLLY BOVE LODGE & HUTZ, LLP P.O. BOX 2207  WILMINGTON, DE 19899   |                           |                         |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |
|   |                           |                         |   | ***************************************  |  | (Signature)  |
|   |                           |                         |   |  |  | (Date)   |
| APPLICATION NO.   | FILING DATE               | FIRST                   | NAMED INVEN   | TOR  | ATTORNEY DOCKET NO   |  |
| 10/762,106  | 01/21/2004                | 11101                   | Knud Reuter   | 101  | 13077-00142-US   | 3885   |
| TITLE OF INVENTION: ALKYLENEDIOXYTHIOPHENES AND POLY(ALKYLENEDIOXYTHIOPHENES) CONTAINING MESOGENIC GROUPS   |                           |                         |   |  |  |  |
| APPLN. TYPE   | SMALL ENTITY              | ISSUE FEE               | PUBLIC  | ATION FEE  | TOTAL FEE(S) DUE   | DATE DUE   |
| Non-Provisional   | no                        | \$1,510.00              | \$1   | 300,00   | \$1,810.00   | 08/06/2009   |
| EXAMINER  |                           | ART UNIT                | CLASS-  | SUBCLASS   | ,  |  |
| Wu, Shean Chiu  |                           | 1795                    | 549   | -050000  | •  |  |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.   |                           |                         | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Connolly Bove Lodge & Hutz LLP |  |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |                           |                         |   |  |  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  H.C. Starck, GmbH  Goslar, Germany |                           |                         |   |  |  | , the document has been filed  |
| Please check the appropriate assignce category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government   |                           |                         |   |  |  |  |
| 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  |                           |                         |   |  |  |  |
| X Issue Fee   |                           |                         | A check in the amount of the fee(s) is enclosed.  |  |  |  |
| Publication Fee (No small entity discount permitted) X Payment by credit card.  |                           |                         |   |  |  |  |
| Advance Order -# of Copies X The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to  Deposit Account Number 03-2775   |                           |                         |   |  |  |  |
| 5. Change in Entity Statu   | s (from status indicate   | d above)                |   |  |  |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |                           |                         |   |  |  |  |
| The Director of the USPTO is NOTE; The Issue Fee and Pub interest as shown by the record  | olication Fee (if require | d) will not be accepted | from anyone other   | re-apply any pre<br>than the applica   | viously paid issue fee to the app<br>nt; a registered attorney or agen | olication identified above,<br>at; or the assignee or other party in |
| Authorized Signature /Ashley I.   |                           |                         | ner/  |  | Date   | July 27 2009   |
| Typed or printed name Ashley I, Pezzner   |                           |                         |   | Registration No.   | 35,646   |  |